



Professional Master's Degree Obstetric and Neonatal Emergency Nursing

Course Modality: **Online** Duration: **12 months**.

Certificate: TECH Technological University

Official N° of hours: 1,500 h.

We bsite: www.techtitute.com/pk/nursing/professional-master-degree/master-obstetric-neonatal-emergency-nursing

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Emergency department work is always demanding for nurses. In addition to Obstetric Emergencies, nurses must also deal with non-obstetric pathologies, neonatal emergencies or more delicate situations such as out-of-hospital deliveries or pseudocyesis.

In order to deal with the main life-threatening emergencies of both the pregnant mother and the fetus, nurses must have access to adequate health education, which takes an up-to-date and detailed approach. With this is mind, the contents of this program are divided into the different phases of pregnancy, in order to provide a comprehensive update on the most relevant Obstetric and Neonatal Emergencies.

TECH has assembled a specialized team of nurses and midwives with extensive practical experience in the treatment of all types of obstetric emergencies. This experience distinguishes the theoretical contents of the program, which are based on the most rigorous scientific findings, enriched with clinical cases to effectively contextualize all the advances covered.

Since the work of nurses is particularly changeable and unpredictable, it is obviously complicated or even impossible to undertake a Professional Master's Degree in a traditional format. For this reason, TECH is committed to a completely online format, eliminating both in-person classes and preset schedules. All content is available from day one in the virtual classroom and can be downloaded to any device with an Internet connection.

This Professional Master's Degree in Obstetric and Neonatal Emergency Nursing contains the most complete and up-to-date scientific program on the market. Its most notable features are:

- The examination of practical cases presented by experts in Emergencies Obstetric and Neonatal
- Graphic, schematic, and practical contents which provide scientific and practical information on the disciplines that are essential for professional practice
- Practical exercises where self-assessment can be carried out to improve learning
- · A special emphasis on innovative methodologies
- Theoretical lessons, questions for experts, discussion forums on controversial issues and individual reflection work
- Content that is accessible from any fixed or portable device with an Internet connection



At TECH you decide when, where and how, adapting the pace of study and teaching load to your own responsibilities and not the other way around"



The teaching team has created a wealth of quality audiovisual material, with real clinical examples for each of the topics covered"

The program's teaching staff includes professionals from the sector who pour their professional experience into this Professional Master's Degree program, as well as renowned specialists from leading societies and prestigious universities.

The multimedia content, developed with the latest educational technology, will provide the professional with situated and contextual learning, i.e., a simulated environment that will provide immersive learning designed for real situations.

This program is designed around Problem-Based Learning, whereby the professional must try to resolve the different professional practice situations that arise during the academic year. For this purpose, the student will be assisted by an innovative interactive video system created by renowned and experienced experts.

Join TECH Technological University for a sound update on the most important Obstetric and Neonatal Emergencies.

You will have access to thorough theoretical and practical content, created to address obstetric complications and pathologies that arise in daily practice.







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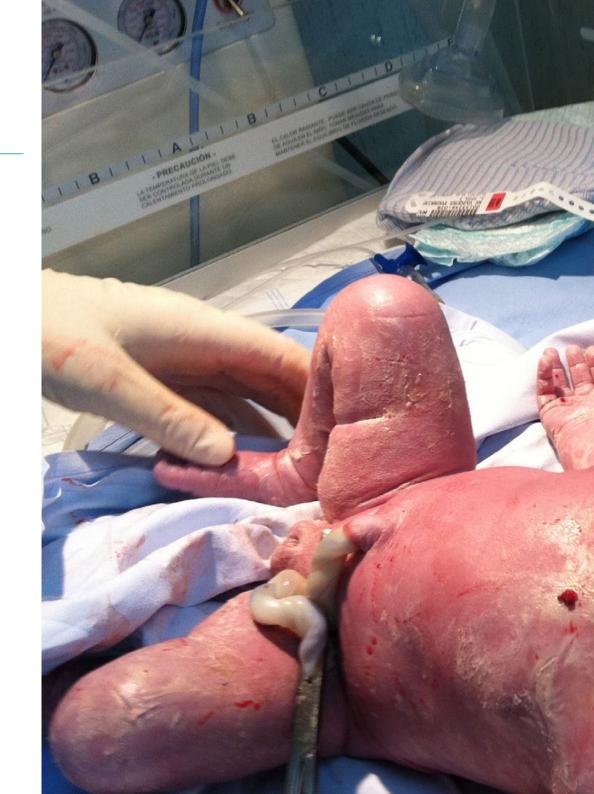


General Objectives

- Detect the different obstetric emergencies during pregnancy, delivery and puerperium as early as possible in order to apply the latest treatments and achieve a satisfactory obstetric outcome, thereby reducing maternal-fetal morbidity and mortality
- Be able to provide specialist care for each urgent obstetric pathology
- Acquire skills for emergency neonatal care when the obstetric pathology involves mother and fetus



You will have access to a variety of up-to-date concepts and tools, allowing you to successfully address all types of obstetric and neonatal pathologies"







Specific Objectives

Module 1. Neonatal Emergencies

- Recognize and initiate timely management of urgent situations that may occur during the neonatal period
- Demonstrate midwifery skills to deal with these situations

Module 2. Non-obstetric Pathologies during Pregnancy

- Recognize and initiate timely management of the most frequent pathologies that could have obstetric repercussions
- Demonstrate midwifery skills to deal with these pathologies
- Adopt a multidisciplinary approach to these pathologies promoting communication and coordination between healthcare practitioners

Module 3. Infections in Pregnancy

- Recognize and initiate timely management of the most frequent Infections that could have obstetric repercussions
- Demonstrate midwifery skills to deal with these Infections
- Be able to deliver effective and targeted health education to prevent the pregnant woman from becoming infected and to avoid infecting the fetus

Module 4. Obstetric Emergencies in the First Trimester

- Recognize and initiate timely management pathologies occurring in the first trimester of pregnancy
- Demonstrate midwifery skills to deal with these pathologies
- Promote continuity of care for women suffering from first trimester pathology whether they are admitted to the hospital ward or discharged
- Be able to deliver effective and targeted health education for each of these pathologies



Module 5. Obstetric Emergencies in the Second and Third Trimester

- Recognize and initiate timely management of pathologies occurring in the second and third trimester of pregnancy
- Demonstrate midwifery skills to deal with these pathologies
- Promote continuity of care and communication with the rest of healthcare practitioners who will attend those pathologies that generally require hospital admission

Module 6. Obstetric Emergencies During the Dilation Phase of Labor

- Recognize and initiate timely management of urgent situations that may occur during the dilation phase of labor
- Identify and know how to perform the obstetric maneuvers indicated to address each urgent situation during the dilation phase of labor
- Demonstrate midwifery skills to deal with these situations

Module 7. Obstetrical Emergencies During the Delivery Phase of Labor and Delivery

- Recognize and initiate timely management of urgent situations that may occur during the third stage of labor and delivery
- Identify and know how to perform the obstetric maneuvers indicated to solve each urgent situation during the third stage of labor and delivery
- Demonstrate midwifery skills to deal with these situations

Module 8. Postpartum Emergencies

- Recognize and initiate timely management of urgent situations that may occur during the postpartum period
- Identify and know how to perform the obstetric maneuvers indicated to solve each urgent situation during the postpartum period
- Demonstrate midwifery skills to deal with these situations







Module 9. Cardiopulmonary Resuscitation

- Recognize disorders that promote cardiac arrest and initiate prompt management
- Demonstrate the ability to apply basic life support
- Recognize and manage respiratory arrest of CPR until its completion or transfer of patient care
- Recognize the importance of team dynamics in overall performance
- Recognize and initiate the timely management of neonatal CPR until its completion or the transfer of patient care

Module 10. Special Situations

- Recognize and identify specific situations that occur less frequently in an obstetric emergency
- Initiate timely management of these situations
- Be able to deliver adequate health education specific to each situation.
- Demonstrate midwifery skills to deal with these situations
- Have a thorough understanding of the legal bases of informed consent in an emergency situation



Take the next step to get up to date on the latest developments in Obstetric and Neonatal Emergency Nursing"





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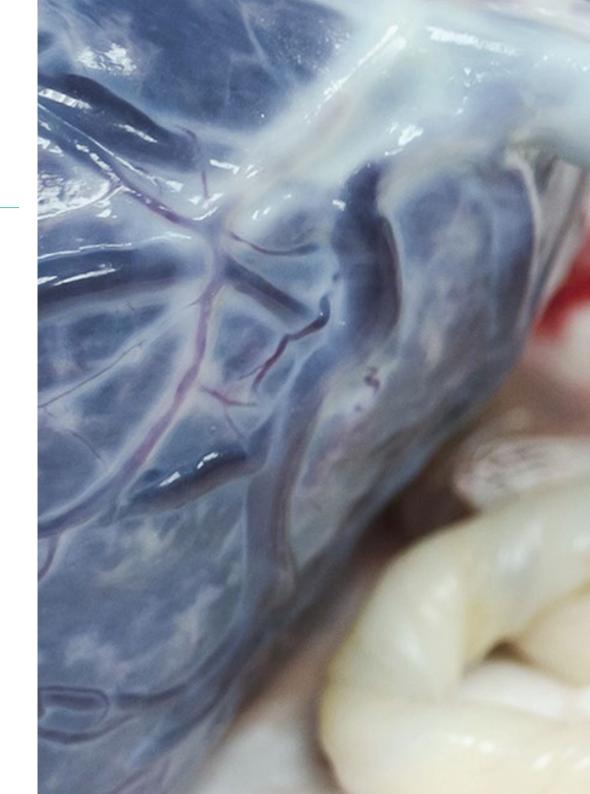


General Skills

- Deal with all types of neonatal emergencies
- Effectively treat non-obstetric pathologies arising during pregnancy
- Know the different types of infections that the patient can contract and how they affect pregnancy
- Quickly detect various infections during the first trimester of pregnancy
- Assess socio-demographic factors affecting the patient during pregnancy
- Monitor fetal well-being to ensure good obstetrical and neonatal outcomes
- Perform critical maneuvers to resolve obstetric emergencies at the end of labor
- General management of puerperal pathologies
- Master up-to-date neonatal resuscitation
- Detect signs of domestic abuse in pregnant women and newborns



Your skills will be boosted with rigorous scientific and practical content covering all major Obstetric and Neonatal Emergencies"







Specific Skills

- Treat the most common surgical emergencies in the obstetrics and gynecology service
- Address the different diseases of the urinary system and skin conditions during pregnancy
- Discern the possible causes of fever in the pregnant woman
- Create a protocol for the most frequent infections that may have obstetric repercussions
- Gain in-depth knowledge of the severity criteria that necessitate referral or multidisciplinary work in the event of complications in the second and third trimester
- Treat obstetric emergencies that may arise in the dilation phase of labor and delivery
- Develop an action protocol for obstetric emergencies at the end of labor
- Resolve possible complications during breastfeeding
- Build detailed knowledge of life support in pregnancy
- Be aware of the legal considerations in obstetric emergencies





Management



Ms. Fernández López-Mingo, Raquel Desirée

- Midwife at Gregorio Marañón General University Hospital and San Rafael Hospital
- Midwife at the Cerro Almodovar Health Center in Madrid
- Degree in Nurses from the Complutense University of Madrid
- EIR of Obstetrics and Gynecology, Gregorio Marañón General University Hospital
- Master's Degree in from Integration in Care and Clinical Problem Solving in Nursing, University of Alcalá de Henares



Ms. Muñoz Serrano, María del Carmen

- Midwife at the University del Sureste Hospital, in Arganda del Rey, and the HLA Moncloa Hospital in Madrid
- Midwife in the Infanta Sofía Hospital in in San Sebastián de los Reyes
- Midwife at VITHAS Pardo Aravaca
- Midwife at HM\Nueva University Hospital
- Midwife at Gregorio Marañón Hospital
- Degree in Nursing from the University of Granada
- EIR Anesthesiology Gynecology, Gregorio Marañón General University Hospital
- Master's Degree in from Integration in Care and Clinical Problem Solving in Nursing, University of Alcalá de Henares
- University Expert in Gynecologic, Obstetric and Neonatal Emergencies at the Catholic University of Avila

Professors

Ms. Hernando Alonso, Alba

- Midwife at the 12 Octubre Hospital
- Midwife at Gregorio Marañón General University Hospital
- Nurse in Pediatric ENT, Gregorio Marañón General University Hospital
- Degree in Nursing from the University of Burgos
- EIR of Obstetrics and Gynecology, Gregorio Marañón University Hospital

Mr. García Jerez, Pablo

- Specialist Nurse in Obstetrics and Gynecology at the Infanta Cristina University Hospital and HLA Moncloa University Hospital
- Specialist Nurse at the Infanta Sofia University Hospital, La Riera Health Center and Germans Trias i Pujol University Hospital
- General nurse at Hospital Universitario Puerta de Hierro, Hospital San Rafael, Centro de Salud Avenida de Aragón and Hospital Universitario Ramón y Cajal
- Graduated in Nursing from Pontificia de Comillas University
- EIR in Obstetrical-Gynecological Nursing at the Germans Trias i Pujol University Hospital
- University Expert in Gynecologic, Obstetric and Neonatal Emergencies for Midwives at the Catholic University of Avila

Ms. Botella Domenech, Pilar

- Midwife at La Paz University Hospital and Gregorio Marañón University Hospital
- Midwife at Mar Báltico Health Center and Aquitania Health Center
- Nurse and Nutritionist at Hospital La Luz QuirónSalud
- Diploma in Nursing from the University of Alicante
- EIR in Obstetric Nursing and Gynecology at the Gregorio Marañón University Hospital
- University Graduate in Human Nutrition and Dietetics from the University of Alicante

Ms. Sánchez Boza, Pilar

- Midwife at Gregorio Marañón University Hospital
- Midwife in various humanitarian aid projects in the Sahara, Mauritania, Bolivia and Kenya
- Midwife at the San Fernando de Henares, Villablanca, García Noblejas and Salud Alpes Health Centers
- Midwife at Hospital Príncipe de Asturias, 12 Octubre Hospital and Puerta de Hierro Hospital
- Postgraduate Certificate in Nursing from Pontificia de Comillas University
- EIR in Gynecology and Obstetrics at 12 Octubre Hospital
- Professional Master's Degree in Sexology and couples therapy from the Rey Juan Carlos University
- Professional Master's Degree in Humanitarian Health Action from Alcalá de Henares University

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Ms. Martínez Martín, Roxana

- Midwife at Gregorio Marañón Maternal-Child Hospital
- Hematology Service Nurse in La Paz General University Hospital
- Fetal Physiopathology Service Nurse, Puerperium and Maternity Emergencies in La Paz Maternal-Children's University Hospital
- Nurse in the Anesthesia and Resuscitation Unit of the La Paz University Maternity Hospital
- Diploma in Nursing in the Autonomous University of Madrid
- EIR in Obstetrical-Gynecological Nursing at Nuestra Señora de Sonsoles Hospital
- Official Master's Degree in Emergency Nursing and Health Transport at CEU San Pablo University

Ms. De Santiago Ochoa, Sofía

- Midwife at Gregorio Marañón University Hospital
- Statutory Nurse in Nephrology and Dialysis at the Gregorio Marañón University Hospital
- Midwife at the Entrevías, Jose María Llanos, Moratalaz and Buenos Aires Health Centers
- Midwife in the Delivery, Emergency and High-Risk Hospitalization Service at the Gregorio Marañón University Hospital
- Diploma in Nursing from the Autonomous University of Madrid
- EIR in Obstetric Nursing-Gynecology at the Gregorio Marañón Hospital





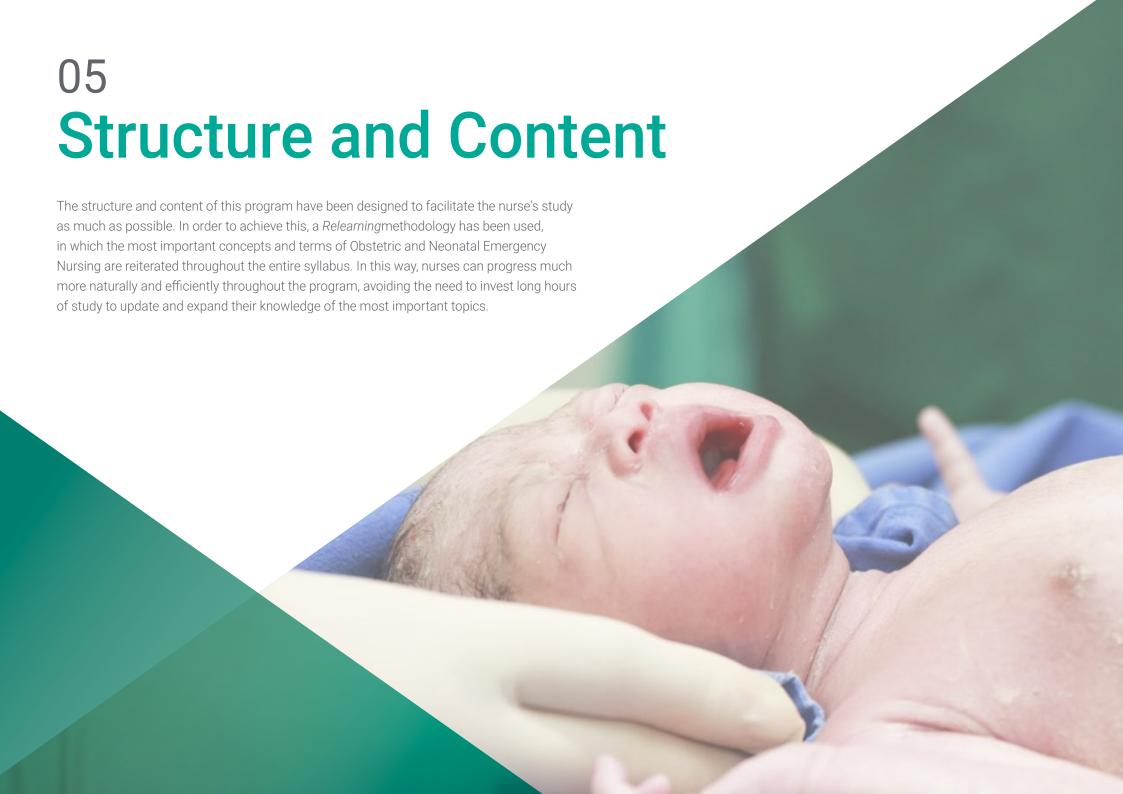
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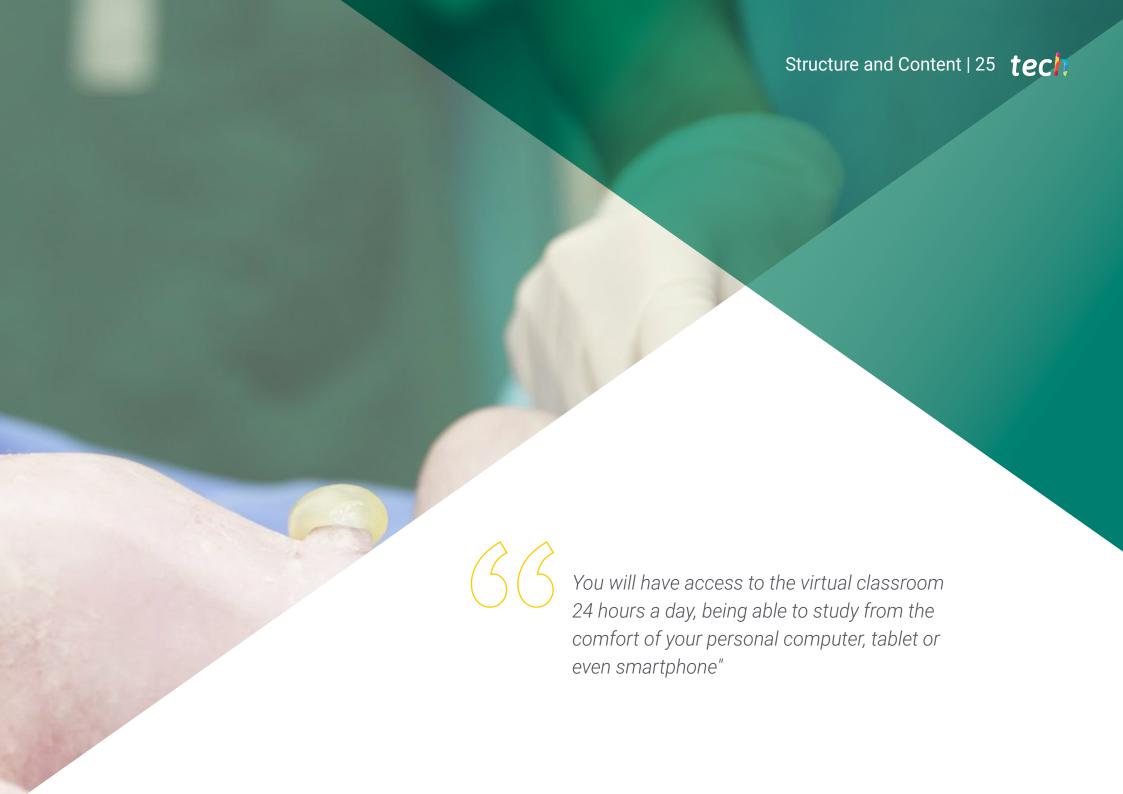
Ms. Durán Sierra, Sonia

- Midwife at the Ortigueira Health Center, in A Coruña, Spain
- Midwife in various health centers in Ferrol
- Midwife at the Entrevías Health Center
- Degree in Nursing from A Coruña University
- EIR in Obstetrics and Gynecology, Gregorio Marañón University Hospital
- University Expert for Midwives in Gynecologic, Obstetric and Neonatal Emergencies at the Catholic University of Avila



An impressive teaching faculty, made up of professionals from different areas of expertise, will guide you through the program: a unique opportunity not to be missed"





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Module 1. Neonatal Emergencies

- 1.1. Rh Isoimmunization
 - 1.1.1. Etiology and Risk Factors
 - 1.1.2. Diagnosis
 - 1.1.3. Effects on the Fetus
 - 1.1.4. Importance of Prevention in Obstetric Emergencies
- 1.2. Neonatal Infection
- 1.3. Surgical Emergencies
 - 1.3.1. Traumatology
 - 1.3.2. Digestive: Esophageal Atresia
 - 1.3.3. Umbilical
 - 1.3.4. Urogenital
 - 1.3.5. Neurological: Neural Tube Defects, Hydrocephalus
 - 1.3.6. Diaphragmatic Hernia
- 1.4. Neurological Problems
 - 1.4.1. Seizures
 - 1.4.2. Intrapartum Asphyxia: Hypoxic-Ischemic Encephalopathy
- 1.5. Metabolic Alterations
 - 1.5.1. Hyperglycemia
 - 1.5.2. Hypoglycemia
- 1.6. Congenital Metabolic Errors
- 1.7. Anaemia. Polycythemia. Hyperbilirubinemia
- 1.8. Congenital Heart Disease
- 1.9. Respiratory Pathology
- 1.10. Prematurity

Module 2. Non-Obstetric Pathologies during Pregnancy

- 2.1. Respiratory System Diseases
 - 2.1.1. Physiological Changes in the Pregnant Woman
 - 2.1.2. Pathology in Pregnant Women
- 2.2. Hematologic and Circulatory Abnormalities
 - 2.2.1. Physiological Changes in the Pregnant Woman
 - 2.2.2. Anaemia
 - 2.2.2.1. Microcytes
 - 2.2.2.2. Normocytes
 - 2.2.2.3. Macrocytes
 - 2.2.2.4. Rare
 - 2.2.3. Plateletopenia/Thrombocytopenia
 - 2.2.4. Von Willebrand Disease
 - 2.2.5. Circulatory Disorders
 - 2.2.5.1. Antiphospholipid Syndrome
 - 2.2.5.2. Hereditary Thrombophilia
 - 2.2.5.3. Varicose Veins
 - 2.2.5.4. Deep Vein Thrombosis
 - 2.2.5.5. Pulmonary Embolism
- 2.3. Heart Disease and Pregnancy
 - 2.3.1. Physiological Changes in the Pregnant Woman
 - 2.3.2. Risk Classification in Pregnant Women with Heart Disease
 - 2.3.3. Management of Heart Disease During Pregnancy
 - 2.3.4. Management of Heart Disease in Childbirth
 - 2.3.5. Management of Postpartum Heart Disease
- 2.4. Diseases the Urinary System
 - 2.4.1. Physiological Changes in the Pregnant Woman
 - 2.4.2. Asymptomatic Bacteriuria
 - 2.4.3. Cystitis
 - 2.4.4. Acute Pyelonephritis
 - 2.4.5. Obstructive Uropathy (Urolithiasis)

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- 2.5.1. Physiological Changes in the Pregnant Woman
- 2.5.2. Pregnancy-Specific Dermatoses
 - 2.5.2.1. Gestational Herpes or Pengyphoid Herpes in Pregnancy
 - 2.5.2.2. Polymorphous Rash in Pregnancy
 - 2.5.2.3. Gestational Prurigo
 - 2.5.2.4. Pruritic Folliculitis in Pregnancy
- 2.5.3. Impetigo Herpetiformis
- 2.5.4. Differential Diagnosis of Pruritus during Pregnancy
- 2.6. Endocrine System Diseases
 - 2.6.1. Physiological Changes in the Pregnant Woman
 - 2.6.2. Diabetes
 - 2.6.2.1. Types of Diabetes
 - 2.6.2.2. Hypoglycemia/Hyperglycemia
 - 2.6.2.3. Diabetic Ketosis
 - 2.6.2.4. Chronic Metabolic Complications
 - 2.6.3. Thyroid Disorders
 - 2.6.3.1. Hypothyroidism and Pregnancy
 - 2.6.3.2. Hyperthyroidism and Pregnancy
 - 2.6.3.3. Thyrotoxic Crisis
 - 2.6.4. Adrenal Gland Disorders
 - 2.6.4.1. Pheochromocytoma
- 2.7. Digestive System Diseases
 - 2.7.1. Physiological Changes in the Pregnant Woman
 - 2.7.2. Pathology in Pregnant Women
- 2.8. Nervous System Diseases
 - 2.8.1. Headaches and Migraines
 - 2.8.2. Bell's Palsy
 - 2.8.3. Epilepsy
 - 2.8.4. CVA
 - 2.8.5. Autonomous Dysreflexia

- 2.9. Autoimmune and Musculoskeletal Diseases during Pregnancy
 - 2.9.1. Physiological Changes in the Pregnant Woman
 - 2.9.2. Pathology in Pregnant Women
- 2.10. Psychiatric Disorders during Pregnancy
 - 2.10.1. Physiological Changes in the Pregnant Woman
 - 2.10.2. Pathology in Pregnant Women

Module 3. Infections During Pregnancy

- 3.1. Fever in Pregnant Women
 - 3.1.1. Fever, Short Duration Fever, Long Duration Fever, Fever of Unknown Origin, Bacterial, Systemic Inflammatory Response Syndrome, Sepsis
 - 3.1. 2. Possible Causes of Fever in Pregnant Women
 - 3.1. 3. Differential Diagnosis
- 3.2. Acute Gastroenteritis
 - 3.2.1. Types of Gastroenteritis
 - 3.2.2. Clinical Symptoms
 - 3.2.3. Diagnosis
 - 3.2.4. Treatment during Pregnancy
- 3.3. Bartholinitis
 - 3.3.1. Diagnosis
 - 3.3.2. Risk Factors
 - 3.3.3. Treatment
- 3.4. Vulvovaginitis
 - 3.4.1. Bacterial Vaginosis
 - 3.4.2. Candidiasis
- 3.5. Sexually Transmitted Diseases: Bacterial and Parasitic Diseases
 - 3.5.1. Chlamydia
 - 3.5.2 Gonorrhea
 - 3.5.3. Trichomoniasis
 - 3.5.4. Syphilis
- 3.6. Sexually Transmitted Diseases
 - 3.6.1. HIV
 - 3.6.2. Genital Herpes

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- 3.7. Tropical Diseases
 - 3.7.1. Trypanosomiasis or Chagas Disease
 - 3.7.2. Zika
 - 3.7.3. Dengue
 - 3.7.4. Malaria
 - 3.7.5. Cholera
 - 3.7.6. Leishmaniasis
- 3.8. Toxoplasmosis and Cytomegalovirus
 - 3.8.1. Toxoplasmosis
 - 3.8.2. Cytomegalovirus
- 3.9. Epstein Barr Virus, Parvovirus B19, Listeriosis
 - 3.9.1. Epstein Barr Virus
 - 3.9.2. Parvovirus B19
 - 3.9.3. Listeriosis
- 3.10. Rubella, Chickenpox and Measles
 - 3.10.1. Rubella
 - 3.10.2. Chickenpox
 - 3.10.3. Measles

Module 4. Obstetric Emergencies in the First Trimester

- 4.1. Hyperemesis Gravidarum:
 - 4.1.1. Etiology and Risk Factors
 - 4.1.2. Clinical Symptoms
 - 4.1.3. Diagnosis
 - 4.1.4. Treatment Importance of Nutrition
- 4.2. Abdominal-Pelvic Pain in Pregnant Women
 - 4.2.1. Etiology
 - 4.2.2. Importance of Differential Diagnosis
 - 4.2.3. Complementary Tests
- 4.3. Metrorrhagia in the First Half of Pregnancy
 - 4.3.1. Threat of Abortion
 - 4.3.2. Intrauterine Hematomas: Retroplacental, Subchorionic, Subamniotic and Supracervical

- 4.4. Abortion
 - 4.4.1. Types
 - 4.4.2. Etiology and Risk Factors
 - 4.4.3. Diagnosis
- 4.5. Abortion Treatment and Complications
 - 4.5.1. Treatment
 - 4.5.2. Complications
- 4.6. Repeat Abortion and Psychoemotional Aspects
 - 4.6.1. Repeat Abortion
 - 4.6.2. Psychoemotional Aspects
- 4.7. Voluntary Termination of Pregnancy (VTP)
 - 4.7.1. Introduction
 - 4.7.2. Legal Assumptions of VTP
 - 4.7.3. Treatment
 - 4.7.4. Complications
 - 4.7.5. Selective Fetal Reduction or Discontinuation
- 4.8. Ectopic Pregnancy
 - 4.8.1. Uncertain Location Pregnancy
 - 4.8.2. Types of Ectopic Pregnancy
 - 4.8.3. Etiology and Risk Factors
 - 4.8.4. Diagnosis
 - 4.8.5. Treatment
- .9. Trophoblastic Disease
 - 4.9.1. Hydatidiform Mole
 - 4.9.2. Gestational Trophoblastic Tumor
- 4.10. HPV and Cervical Cancer in Pregnancy
 - 4.10.1. Screening during Gestation
 - 4.10.2. Treatment

Module 5. Obstetric Emergencies in the Second and third Trimester

- 5.1. Threat of Premature Delivery
 - 5.1.1. Etiology and Risk Factors
 - 5.1.2. Clinical Symptoms
 - 5.1.3. Diagnosis
 - 5.1.4. Treatment
- 5.2. Premature Rupture of Membranes
 - 5.2.1. Etiology and Risk Factors
 - 5.2.2. Diagnosis
 - 5.2.3. Treatment
- 5.3. Chorioamnionitis
 - 5.3.1. Etiology and Risk Factors
 - 5.3.2. Clinical Symptoms
 - 5.3.3. Diagnosis
 - 5.3.4. Treatment
- 5.4. Cervical Deficiency
 - 5.4.1. Etiology and Risk Factors
 - 5.4.2. Diagnosis
 - 5.4.3. Treatment
- 5.5. Placenta Previa. Previous Vasa
 - 5.5.1. Etiology and Risk Factors
 - 5.5.2. Diagnosis
 - 5.5.3. Treatment
- 5.6. Detachment of a Normally Positioned Placenta
 - 5.6.1. Etiology and Risk Factors
 - 5.6.2. Diagnosis
 - 5.6.3. Treatment of Placental Abruption
- 5.7. Hepatopathy in Pregnancy
 - 5.7.1. Intrahepatic Cholestasis
 - 5.7.2. Fatty Liver

- 5.8. Hypertensive states of Pregnancy (EHE)
 - 5.8.1. Classification
 - 5.8.2. Etiology and Risk Factors
 - 5.8.3. Diagnosis
 - 5.8.4. Determination of the Degree of Severity
- 5.9. Preeclampsia in Pregnancy
 - 5.9.1. Preeclampsia
- 5.10. Eclampsia and HELLP syndrome
 - 5.10.1. Eclampsia
 - 5.10.2. HELLP Syndrome

Module 6. Obstetric Emergencies during the Dilation Phase of Labor

- 6.1. Labour and Delivery
 - 6.1.1. Labour
 - 6.1.2. Delivery
 - 6.1.3. Stages in the Birth Process
 - 6.1.4. Admission Criteria
- 6.2. Analgesia during the Dilatation Period
 - 6.2.1. Non-Pharmacological Pain Relief Methods
 - 6.2.2. Pharmacological Pain Relief Methods
 - 6.2.3. Complications
- 5.3. Methods of Monitoring Fetal Well-Being
 - 6.3.1. External Fetal Monitoring
 - 6.3.2. Internal Fetal Monitoring
 - 5.3.3. Basic Parameters for the Interpretation of Cardiotocographic Recordings
- 6.4. Risks to Fetal Well-Being
 - 6.4.1. Pathology Parameters for the Interpretation of Cardiotocographic Recordings
 - 6.4.2. Interpretation of the Register according to Different Agencies
 - 6.4.3. Other Complementary Tests
 - 6.4.4 Intrauterine Fetal Resuscitation
- 6.5. Dystocia during Childbirth Maternal Causes Dynamic Dystocia
 - 6.5.1. Dynamic Dystocia
 - 6.5.2. Diagnosis of Non-Progression of Labor

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- 6.6. Birth Canal Dystocia
 - 6.6.1. Soft Canal Dystocia
 - 6.6.2. Boned Canal Dystocia
 - 6.6.3. Positioning during Delivery Fetal Descent
- 6.7. Labor Dystocias: Ovarian Causes
 - 6.7.1. Umbilical Cord Knots
 - 6.7.2. Umbilical Cord Circulars
 - 6.7.3. Umbilical Cord Prolapse
- 6.8. Labor Dystocias: Ovarian Causes
 - 6.8.1. Types of Podalic Presentation
 - 6.8.2. Vaginal Breech Delivery
 - 6.8.3. Complications
- 6.9. Labor Dystocias: Other Presentations
 - 6.9.1. Anomalous Presentations: Face, Forehead, Chin
 - 6.9.2. Anomalous Presentations: Oblique and Transverse Situations
 - 6.9.3. Compound Presentations
- 6.10. Amniotic Fluid Embolism
 - 6.10.1. Etiology and Risk Factors
 - 6.10.2. Diagnosis
 - 6.10.3. Performance

Module 7. Obstetrical Emergencies during the Delivery and Afterbirth

- 7.1. Shoulder Dystocia
 - 7.1.1. Risk Factors
 - 7.1.2. First, Second and Third Level Maneuvers
 - 7.1.3. Effects on the Fetus
- 7.2. Instrumental Delivery
 - 7.2.1. Types of Instrumental Delivery
- 7.3. Emergency Cesarean
 - 7.3.1. Indication for Urgent Cesarean Section
 - 7.3.2. Preparation of the Pregnant Woman for Urgent Caesarean Section
 - 7.3.3. Analgesia in Emergency Cesarean Section

- 7.4. Special Situations during Delivery
 - 7.4.1. Preterm Delivery
 - 7.4.2. Twin Delivery
- 7.5. Hemorrhage associated with Childbirth and early Puerperium
 - 7.5.1. Etiology and Risk Factors
 - 7.5.2. Classification
 - 7.5.3. Diagnosis and Quantification of Hemorrhage
- 7.6. Uterine Atony and Coagulation Disturbances in Hemorrhage Associated with Childbirth and Early Puerperium
 - 7.6.1. Uterine Atony
 - 7.6.1.1. Medical treatment
 - 7.6.1.2. Surgical Management
 - 7.6.2. Coagulation Alterations
- 7.7. Trauma to the Birth Canal
 - 7.7.1. Cervico-Vaginal and Perineal Trauma
- 7.8. Retention of Placenta or Ovarian Adnexa
 - 7.8.1. Retention of Placenta or Ovarian Adnexa
 - 7.8.1.1. Diagnosis
 - 7.8.1.2. Etiology and Risk Factors
 - 7.8.1.3. Delivery Maneuvers
 - 7.8.1.4. Performance and Treatment
 - 7.8.1.5. Umbilical Cord Breakage
- 7.9. Placental Accreta and Uterine Inversion
 - 7.9.1. Placenta Accreta
 - 7.9.1.1. Diagnosis
 - 7.9.1.2. Etiology
 - 7.9.1.3. Treatment
 - 7.9.2. Uterine Inversion
 - 7.9.2.1. Diagnosis
 - 7.9.2.2. Degrees of Uterine Inversion
 - 7.9.2.3. Performance and Maneuvers
- 7.10. Uterine Rupture
 - 7.10.1. Classification (Dehiscence and Tearing)
 - 7.10.2. Diagnosis
 - 7.10.3. Treatment

Module 8. Postpartum Emergencies

- 8.1. Postpartum Infection
 - 8.1.1. Genital Tract and Pelvic Infections
 - 8 1 1 1 Risk Factors
 - 8.1.1.2. Signs and Symptoms by Extent
 - 8.1.1.2.1. Endometritis
 - 8.1.1.2.2. Salpingitis
 - 8.1.1.2.3. Pelviperitonitis
 - 8.1.1.2.4. Pelvic Celulitis or Parametritis
 - 8.1.1.2.5. Pelvic Thrombophlembitis
 - 8.1.1.2.6. Generalized Peritonitis
 - 8.1.1.2.7. Perineum, Vagina and Cervix Infection
 - 8.1.1.2.8. Cesarean Wound Infection
 - 8.1.1.2.9. Septicemia
 - 8.1.1.3. Treatment and Care
 - 8.1.2. Urinary Infection
 - 8.1.3. Respiratory infection: Mendelson's Syndrome
- 8.2. Birth Canal Complications
 - 8.2.1. Dehiscence
 - 8.2.1.1. Risk Factors
 - 8.2.1.2. Treatment
 - 8.2.2. Vulvar/Perineal Haematoma
 - 8 2 2 1 Risk Factors
 - 8.2.2.2. Treatment
- 8.3. Urinary Disturbances in the Postpartum Period
 - 8.3.1. Voiding Dysfunction and Urinary Retention
 - 8.3.2. Urinary Incontinence
- 8.4. Thromboembolic Disease in the Puerperium
 - 8.4.1. Etiology and Risk Factors
 - 8.4.2. Most Common Postpartum Thrombosis
 - 8.4.3. Diagnosis
 - 8.4.4. Treatment and Prevention

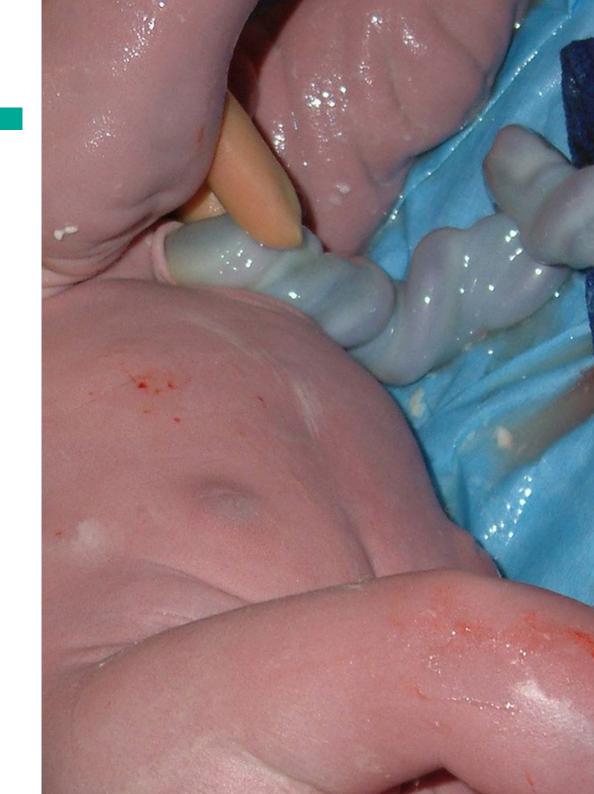
8.5. Cardiac and Endocrine Disorders

- 8.5.1. Puerperal Hypertension
- 8.5.2. Peripartum Cardiomyopathy
- 8.5.3. Postpartum Thyroiditis
- 8.5.4. Sheehan Syndrome
- 8.6. Psychosocial Maladjustment in the Postpartum Period
 - 8.6.1. Mother-Baby Bonding Issues
 - 8.6.2. Postpartum Depression: Maternity Blues
 - 8.6.3. Puerperal Psychosis
- 8.7. Breast Pathology
 - 8.7.1. Breast Lesions: Cracks
 - 8.7.2. Candidiasis
 - 8.7.3. Raynaud's Phenomenon
- 8.8. Breast Engorgement and Milk Pearls
 - 8.8.1. Mammary Ingurgitation
 - 8.8.2. Milk Pearls
- 8.9. Breast Duct Obstruction
 - 8.9.1. Mastitis
 - 8.9.2. Breast Abscess
- 8.10. Post Epidural Puncture Headache
 - 8.10.1. Risk Factors
 - 8.10.2. Diagnosis
 - 8.10.3. Clinical Symptoms
 - 8.10.4. Treatment

tech 32 | Structure and Content

Module 9. Cardiopulmonary Resuscitation

- 9.1. Cardiopulmonary Resuscitation (RCP) for Pregnant Women
 - 9.1.1. Etiology of Cardiorespiratory Arrest (CRA)
 - 9.1.2. Incidence
 - 9.1.3. Survival
 - 9.1.4. Risk Factors
- 9.2. Basic CPR for Pregnant Women
 - 9.2.1. Situation Assessment
 - 9.2.2. Basic CPR Algorithm
 - 9.2.3. Changes to CPR for Pregnant Women
- 9.3. Advanced CPR for Pregnant Women
 - 9.3.1. ADVANCED CPR Algorithm
- 9.4. Trauma in Pregnant Woman and Perimortem Caesarean Section
 - 9.4.1. Gravidic Modifications
 - 9.4.2. Trauma Management for Pregnant Women
 - 9.4.3. Perimortem Cesarean Section
- 9.5. Neonatal Resuscitation
 - 9.5.1. Adaptation to Extrauterine Life
 - 9.5.2. Incidence
 - 9.5.3. Anticipation and Team Preparation
 - 9.5.4. Maternal and Neonatal Risk Factors
- 9.6. First Steps in Neonatal Resuscitation
 - 9.6.1. Initial Assessment
 - 9.6.2. Initial Stabilization
 - 9.6.3. Routine Care
 - 9.6.4. Cord Clamping
- 9.7. Algorithms for CPR in Pregnant Women: Current Clinical Guidelines
 - 9.7.1. Evaluation after First Steps
 - 9.7.2. Respiratory Support
 - 9.7.3. Circulatory Support
 - 9.7.4. Medication in Resuscitation



- 9.8. Special Situations in Neonatal CPR: Intrapartum Meconium and Prematurity
 - 9.8.1. Meconium
 - 9.8.2. The Premature Newborn
 - 9.8.3. Newborn < 32 weeks
- 9.9. Other Special Situations in Neonatal CPR
 - 9.9.1. Pneumothorax
 - 9.9.2. Congenital Diaphragmatic Hernia (CDH)
 - 9.9.3. Fetal Hydrops
 - 9.9.4. Choanal Atresia
 - 9.9.5. Pierre-Robin Sequence
 - 9.9.6. Prenatal Diagnostic Upper Area Pathway Involvement: EXIT Technique
- 9.10. Post-Resuscitation Care
 - 9.10.1. Post-Resuscitation Care for Pregnant Women
 - 9.10.2. Post-Resuscitation Care of the Neonate
 - 9.10.3. Maternal Intercenter Transport
 - 9.10.4. Neonatal Intercenter Transport

Module 10. Special Situations

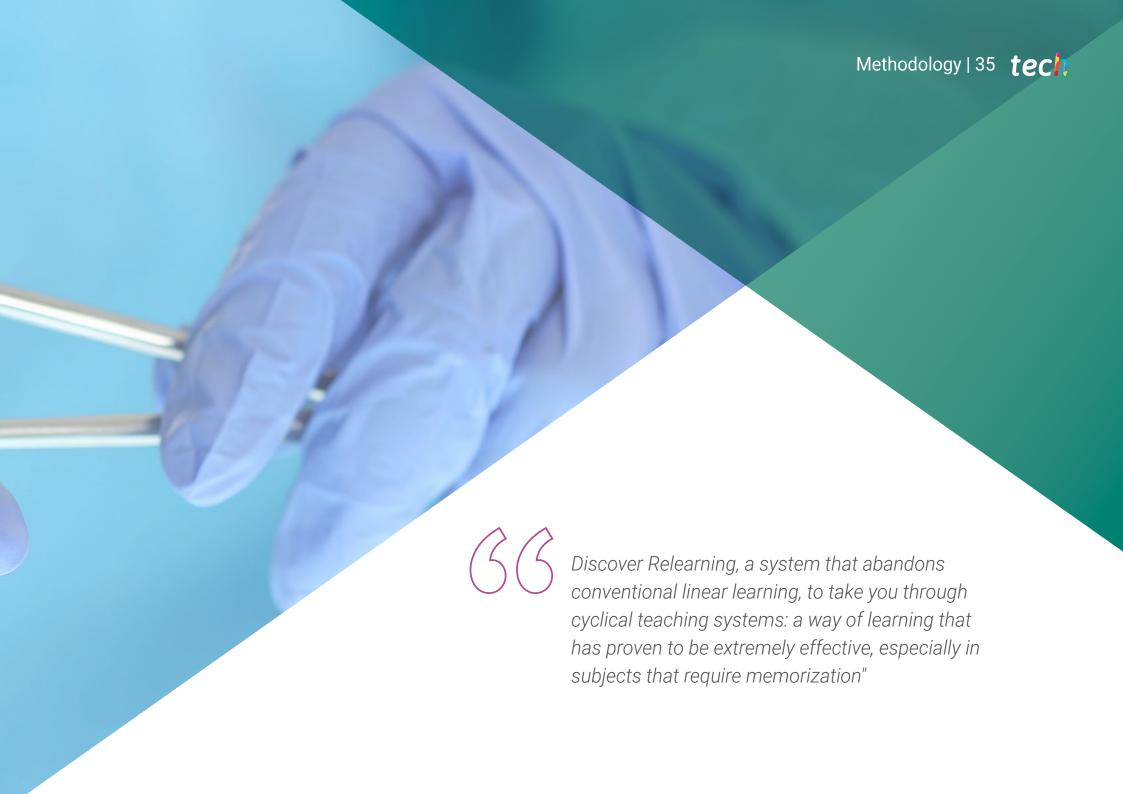
- 10.1. Out-of-Hospital Birth
 - 10.1.1. Performance
 - 10.1.2. Necessary Material for Childbirth Care
 - 10.1.3. Precautions and Recommendations
 - 10.1.4. Attention upon Arrival at the Hospital
- 10.2. Drug Addiction and Pregnancy
 - 10.2.1. Management during Pregnancy and Postpartum
 - 10.2.2. Effects on the Fetus
- 10.3. Domestic Violence during Pregnancy
 - 10.3.1. Concept of Violence and Risk Factors in Pregnancy
 - 10.3.2. Types of Violence
 - 10.3.3. The Cycle of Violence
 - 10.3.4. Detection of Domestic Violence
 - 10.3.5. Action Protocol for Domestic Violence

- 10.4. Sexual Assault during Pregnancy
 - 10.4.1. Types of Sexual Offenses based on the Penal Code
 - 10.4.2. Action Protocol
- 10.5. Pseudocyesis
 - 10.5.1. Prevalence and Epidemiology
 - 10.5.2. Pathogenesis and Risk Factors
 - 10.5.3. Diagnosis
 - 10.5.4. Treatment
- 10.6. Antepartum Fetal Death
 - 10.6.1. Causes and Risk Factors
 - 10.6.2. Action Protocol
 - 10.6.3. Bereavement Care
- 10.7. Cancer and Pregnancy: Chemotherapy Drugs in Pregnancy
- 10.8. Transplants and Pregnancy
- 10.9. SARS CoV2 Infection and Pregnancy
- 10.10. Informed Consent in Urgent Care
 - 10.10.1. Types of Consent
 - 10.10.2. Revocation of Informed Consent
 - 10.10.3. Special Considerations for the Urgent Care of Minors
 - 10.10.4. Special Considerations for the Urgent Care of Persons under Guardianship



Access an unparalleled compendium of real clinical cases, further reading, in-depth videos and much more upto-date content on Obstetric and Neonatal Emergencies"



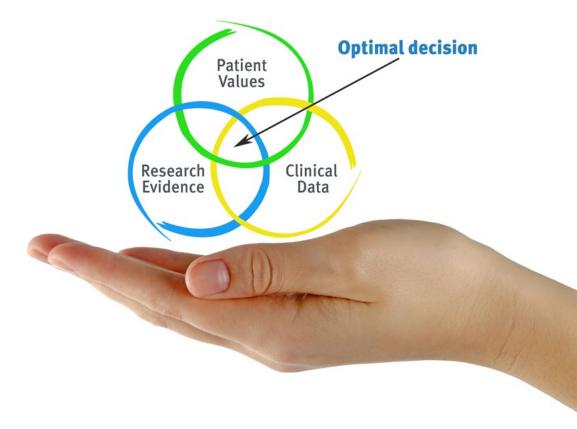


tech 36 | Methodology

At TECH Nursing School we use the Case Method

In a given situation, what should a professional do? Throughout the program, students will face multiple simulated clinical cases, based on real patients, in which they will have to do research, establish hypotheses, and ultimately resolve the situation. There is an abundance of scientific evidence on the effectiveness of the method. Nurses learn better, faster, and more sustainably over time.

With TECH, nurses can experience a learning methodology that is shaking the foundations of traditional universities around the world.



According to Dr. Gérvas, the clinical case is the annotated presentation of a patient, or group of patients, which becomes a "case", an example or model that illustrates some peculiar clinical component, either because of its teaching power or because of its uniqueness or rarity. It is essential that the case is based on current professional life, in an attempt to recreate the real conditions in professional nursing practice.



Did you know that this method was developed in 1912, at Harvard, for law students? The case method consisted of presenting students with real-life, complex situations for them to make decisions and justify their decisions on how to solve them. In 1924, Harvard adopted it as a standard teaching method"

The effectiveness of the method is justified by four fundamental achievements:

- Nurses who follow this method not only grasp concepts, but also develop their mental capacity, by evaluating real situations and applying their knowledge.
- 2. The learning process has a clear focus on practical skills that allow the nursing professional to better integrate knowledge acquisition into the hospital setting or primary care.
- 3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
- 4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.

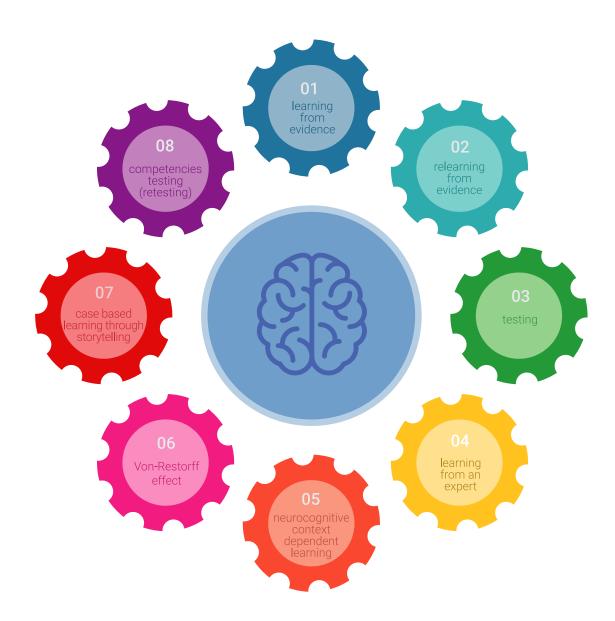


Relearning Methodology

TECH effectively combines the Case Study methodology with a 100% online learning system based on repetition, which combines 8 different teaching elements in each lesson.

We enhance the Case Study with the best 100% online teaching method: Relearning.

The nurse will learn through real cases and by solving complex situations in simulated learning environments. These simulations are developed using state-of-the-art software to facilitate immersive learning.



Methodology | 39 tech

At the forefront of world teaching, the Relearning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best online university (Columbia University).

With this methodology we have trained more than 175,000 nurses with unprecedented success in all specialities regardless of practical workload. Our pedagogical methodology is developed in a highly competitive environment, with a university student body with a strong socioeconomic profile and an average age of 43.5 years old.

Relearning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.

In our program, learning is not a linear process, but rather a spiral (learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements concentrically.

The overall score obtained by TECH's learning system is 8.01, according to the highest international standards.

tech 40 | Methodology

This program offers the best educational material, prepared with professionals in mind:



Study Material

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is really specific and precise.

These contents are then applied to the audiovisual format, to create the TECH online working method. All this, with the latest techniques that offer high quality pieces in each and every one of the materials that are made available to the student.



Nursing Techniques and Procedures on Video

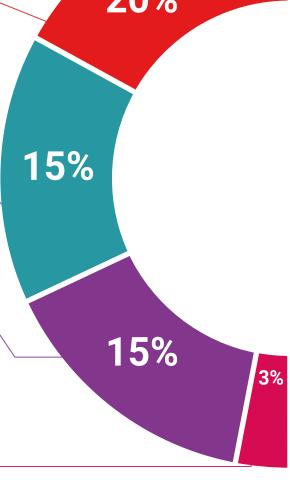
We introduce you to the latest techniques, to the latest educational advances, to the forefront of current medical techniques. All of this in direct contact with students and explained in detail so as to aid their assimilation and understanding. And best of all, you can watch them as many times as you want.



Interactive Summaries

The TECH team presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".





Additional Reading

Recent articles, consensus documents and international guidelines, among others. In TECH's virtual library, students will have access to everything they need to complete their course.

Methodology | 41 tech



Effective learning ought to be contextual. Therefore, TECH presents real cases in which



Testing & Retesting

We periodically evaluate and re-evaluate students' knowledge throughout the program, through assessment and self-assessment activities and exercises, so that they can see how they are achieving their goals.



Classes

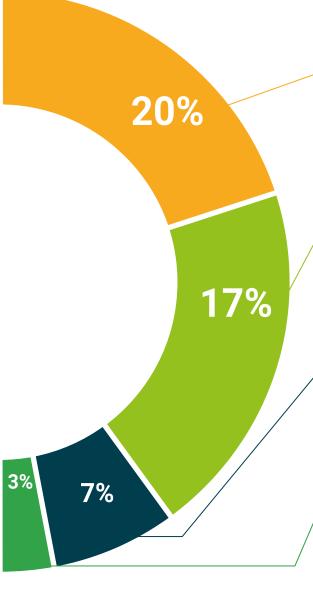
There is scientific evidence suggesting that observing third-party experts can be useful.

Learning from an Expert strengthens knowledge and memory, and generates confidence in future difficult decisions.



Quick Action Guides

TECH offers the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical, and effective way to help students progress in their learning.







tech 44 | Certificate

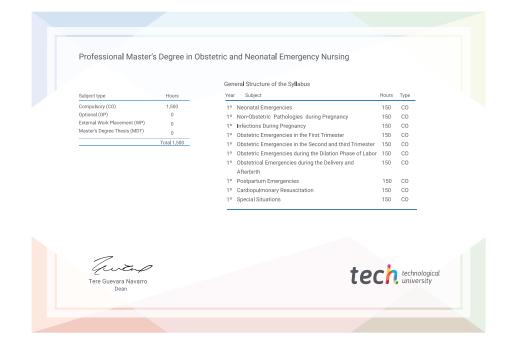
This **Professional Master's Degree in Obstetric and Neonatal Emergency Nursing** contains the most complete and up-to-date scientific program on the market.

After the student has passed the assessments, they will receive their corresponding **Professional Master's Degree** issued by **TECH Technological University** via tracked delivery*.

The certificate issued by **TECH Technological University** will reflect the qualification obtained in the Professional Master's Degree, and meets the requirements commonly demanded by labor exchanges, competitive examinations and professional career evaluation committees.

Title: Professional Master's Degree in Obstetric and Neonatal Emergency Nursing Official N° of hours: 1,500 h.





^{*}Apostille Convention. In the event that the student wishes to have their paper certificate issued with an apostille, TECH EDUCATION will make the necessary arrangements to obtain it, at an additional cost.

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institutions technology learning



Professional Master's Degree Obstetric and Neonatal Emergency Nursing

Course Modality: Online

Duration: 12 months.

Certificate: TECH Technological University

Official N° of hours: 1,500 h.

